

**Town, City, Village, State or Federal  
Permits May Also Be Required**

LAND USE - X

SANITARY - 12-03S

SIGN -

SPECIAL - NA

CONDITIONAL -

BOA -

# BAYFIELD COUNTY

## PERMIT

**WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION**

No: 07172201-2022

Tax ID: 25863

Issued To: CYNTHIA L RIEBOLDT

Location: SE SW IN V.886 P.375 372 IM Section 12  
2004R-489983

Township 49 N.

Range 09 W.

ORIENTA

Govt Lot 0

Lot

Block

Subdivision:

CSM# 5350

For: Residential / Other / 32L x 25.5W x 22H

Condition(s): Meet all setbacks, including eaves and overhangs. One additional bedroom permitted. Town/State/DNR permits may be needed. Must obtain a Uniform Dwelling Code (UDC) permit from a locally contracted UDC inspection agency prior to start of construction.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

**Erica Meulemans**

Authorized Issuing Official

**Wed Sep 07 2022**

Date

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

Grading Permit

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

RECEIVED

JUL 21 2022

Bayfield Co.

Planning and Zoning Agency

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

Permit #:	22-0235
Date:	9-9-22
Amount Paid:	Class A 175-9-9-22
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED	<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	Mark & Kim Pettit		Mailing Address:	P.O. Box 126		City/State/Zip:	Almond NC 28702-0126
Address of Property:	5800 St. Hwy 13		City/State/Zip:	Port Wing, Wisc 54865		Telephone:	
Email: (print clearly)							
Contractor:	Tribovich Construction		Contractor Phone:	715-209-4809		Plumber:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	PAUL Tribovich		Agent Phone:	715-209-4809		Agent Mailing Address (include City/State/Zip):	54814 93600 Little Sand Bay RD. Bayfield, Wisc.
PROJECT LOCATION	Legal Description: (Use Tax Statement)		Tax ID#	26417		Recorded Document: (Showing Ownership)	
1/4, 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #
	4	2		562 P. 411	000680		
Section	Township		N, Range		W		Town of:
							Oneta
Lot Size	150 X 200		Acreage				2.84

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 140 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 150	Width: 40	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input checked="" type="checkbox"/>	Other: (explain) Shoreland Grading	(150 X 40)	6000 S.F.

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ (See Note below) Date: 7-15-22  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 93600 Little Sand Bay RD., Bayfield, Wisc. 54814  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Turn Over



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL

See Attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning &amp; Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

## NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: N/A	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 22-0234	Permit Date: 9-9-2022		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: unstable shoreline		Zoning District (P-RB) Lakes Classification ( 1 )	
Date of Inspection: 8-16-2022	Inspected by: EM	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) That the smallest amount of bare ground be exposed for the shortest time feasible. That temporary ground cover, such as mulch, be used and permanent cover be placed or planted. State/DNR permits may be required.			
Signature of Inspector: Grace Muldermans		Date of Approval: 9-6-2022	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>



# TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

ENTERED  
9-6

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department  
P.O. Box 58 – Washburn, WI 54891  
Phone – (715) 373-6138  
Fax – (715) 373-0114  
e-mail: zoning@bayfieldcounty.wi.gov

Website:  
www.bayfieldcounty.wi.gov

Date Zoning Received (Stamp Here)

AUG 18 2022

Bayfield Co.  
Planning and Zoning Agency

**Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back].** This is a Class A special use request. **Note:** The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. **Ask Town if you should be present at their meeting(s).**

Property Owner MARKA Kim Pettit Contractor Tribovich Construction LLC  
Property Address 5200 St. Hwy 13 Authorized Agent PAUL Tribovich  
Port Wing, Wisc. 54865 Agent's Telephone 715-209-4809  
Telephone \_\_\_\_\_ Written Authorization Attached: Yes (X) No ( )

**Accurate** Legal Description involved in this request (specify **only** the property involved with this application)

\_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4, Section 35, Township 50 N., Range 9 W. Town of Orienta

Govt. Lot 4 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM# \_\_\_\_\_

Volume 562 Page 411 of Deeds Tax I.D.# 26417 Acreage .86

Additional Legal Description: V. 562 P. 411 CSM Lot 2

**Applicant:** (State what you are asking for) **Zoning District:** \_\_\_\_\_ **Lakes Classification** \_\_\_\_\_

Grade & place Rip Rap on the shore of Lake Superior to  
Restore property

We, the Town Board, TOWN OF ORIENTA, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☐ Yes ☒ No

**Township:** (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

NEED TO PROTECT IS EVIDENT.

PROPERTY

\*\* THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**\*\* NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: August 2018

u/forms/townboardrecommendation-ClassA

**Signed:**

Chairman: Maryl Huel

Supervisor: James Bahr

Supervisor: Troy Kavgan

Supervisor: \_\_\_\_\_

Clerk: Olyde Carson

Date: 8/13/22





# TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

**Date Zoning Received:** (Stamp Here)

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department  
P.O. Box 58 – Washburn, WI 54891  
Phone – (715) 373-6138  
Fax – (715) 373-0114  
e-mail: zoning@bayfieldcounty.wi.gov

Website:  
[www.bayfieldcounty.wi.gov](http://www.bayfieldcounty.wi.gov)

**Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back].** This is a Class A special use request. **Note:** The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner Marka Kim Pettit Contractor Tribovich Construction LLC  
Property Address 5200 St. Hwy 13 Authorized Agent Paul Tribovich  
Port Wing, Wisc. 54865 Agent's Telephone 715-209-4809  
Telephone \_\_\_\_\_ Written Authorization Attached: Yes (X) No ( )

Accurate Legal Description involved in this request (specify **only** the property involved with this application)

\_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4, Section 35, Township 50 N., Range 9 W. Town of Orienta

Govt. Lot 4 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM# \_\_\_\_\_

Volume 562 Page 411 of Deeds Tax I.D.# 26417 Acreage .86

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Grade & place Rip Rap on the shore of Lake Superior to  
Restore property

We, the Town Board, **TOWN OF** \_\_\_\_\_, do hereby recommend to

☐ Table

☐ Approval

☐ Disapproval

**Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan:** ☐ Yes ☐ No

**Township:** (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

**\*\* THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:**

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

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Revised: August 2018

[u/forms/townboardrecommendation-ClassA](#)

**Signed:**

Chairman: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Clerk: \_\_\_\_\_

Date: \_\_\_\_\_





# Field Investigation

Date: <u>August 8-16-2022</u>	Arrive: <u>16:35</u>	Depart: <u>16:42</u>
Landowner: <u>Petxir, Mark</u>	Photos taken: <u>Yes</u>	No
Project Location: <u>5200 St Hwy 13</u>	Persons Present: <u>Em</u>	
Waterway: <u>Port Wing</u>	Purpose of visit:	
PIN# _____ <i>*Attach Real Estate Inquiry*</i>	<input type="checkbox"/> ZP Onsite	<input type="checkbox"/> SAP
	<input type="checkbox"/> Sanitary	<input type="checkbox"/> Wetland Delineation
	<input type="checkbox"/> Floodplain	<input type="checkbox"/> OHWM
	<input type="checkbox"/> Boathouse	<input type="checkbox"/> Complaint
Paid \$ _____ Receipt # _____	<input type="checkbox"/> Averaging	<input type="checkbox"/> Walkout
	<input type="checkbox"/> Other: _____	

Shoreland grading  
Class A

Shore-line grading

Neighbor

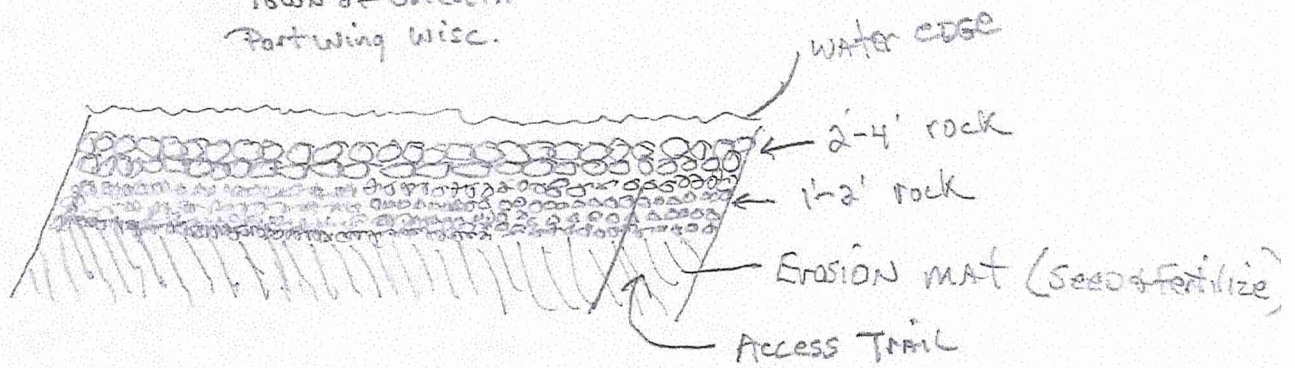
garage  
bunkhouse



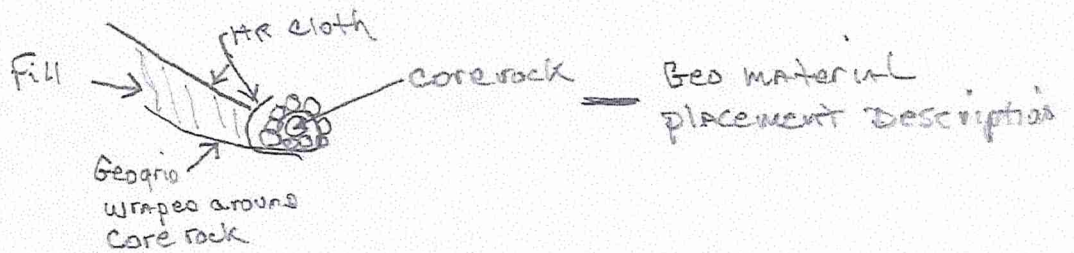
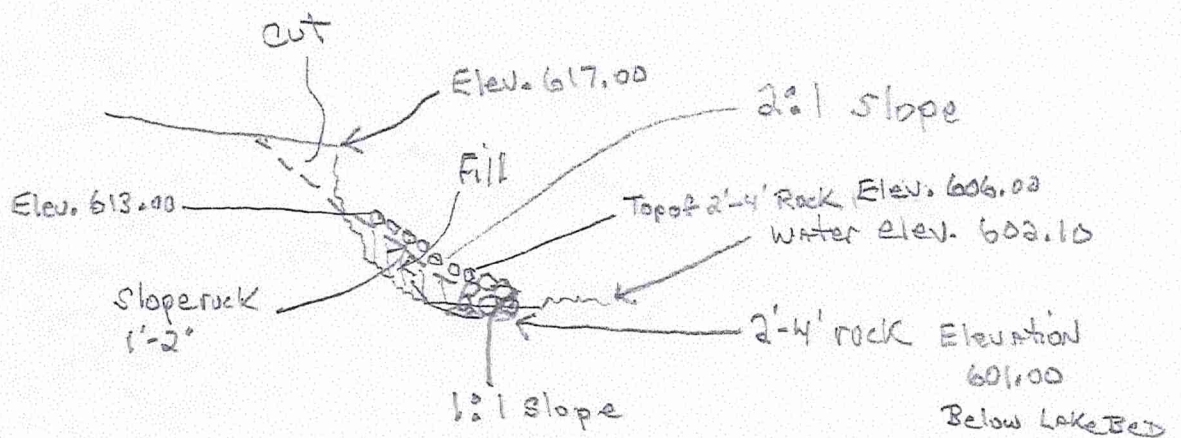




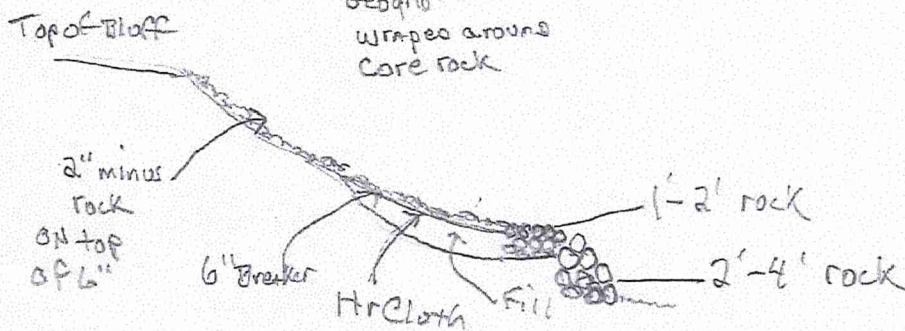
Mark Pettit  
 5200 State Hwy 13  
 Town of Orienta  
 Port Wing Wisc.



Slope  
 cut/fill  
 rock placement  
 design



Access —  
 RD.



RECEIVED

JUL 21 2022

Bayfield Co.  
 Planning and Zoning Agency





Bayfield County, WI







RECEIVED

JUL 21 2022

Bayfield Co.  
Planning and Zoning Agency

July 8, 2022

Town of Orienta  
Port Wing, WI 54865

Bayfield County  
Washburn, WI 54891

Dear Town of Orienta/Bayfield County,

I, Mark A. Pettit, Property Owner, 5200 State Highway 13, Port Wing, Town of Orienta, Bayfield County, WI, Tax ID: 26417, PIN: 04-036-2-50-09-35-2 05-004-20000, give permission and authorize Paul Tribovich, with Tribovich Construction, LLC, 93600 Little Sand Bay Road, Bayfield, WI, to act as my agent to file for a grading permit for my property described above.

I would like to thank you in advance for your support of this request. If you have any questions or need any additional information to support this request, please do not hesitate to contact me at 651-368-0491.

Sincerely,



Mark A. Pettit  
P.O. Box 126  
Almond, NC 28702



B Bayfield County Land Records and GIS 1.3

+

▼

Name Address Parcel# etc

Q

23

PETTIT

FIRST NAME: MARK A & KIM M  
PID#: 04036250093520500420000  
Deeded Acres: 0.86  
CALCULATED ACRES: 0.84209081  
TaxID/PRPID#: 26417  
DESCRIPTION1: LOT 2 OF CSM #000690 BEING A  
DECSRIPTION2: PARCEL IN GOVT LOT 4 IN  
DESCRIPTION3: V.562 P.411  
DESCRIPTION4:  
Mail Address: PO BOX 126  
Mail City: ALMOND  
Mail State: NC  
ZIP: 28702-0126  
Sale Amount: 0  
Total Land Value: 53800  
Total Improvement Value: 69800  
EFMV Land: 84700  
EFMV Improvement: 53300  
SaleDate: 03/14/2006  
Latest Tax Amount: 1924.84  
Site Address (Physical Address): 5200 STATE HWY 13  
Site City: PORT WING  
Site ZIP: 54865  
ZONING: 1  
Lake:  
LakeAcres:  
Adjoining Lake: LAKE SUPERIOR  
Section: 35  
TOWN: 50  
RANGE: 09  
SCHOOLDIST: SOUTH SHORE SCHOOL DISTRICT  
GISACRES: 0.842  
NOVUS-Tax and Property Information

Zoom to





TOWN OF ORIENTA TREASURER  
JOHN H TRIBYS  
77820 EVERGREEN RD EXT

PORT WING WI 54865  
Phone: (715) 774-3517

STATE OF WISCONSIN - BAYFIELD COUNTY  
REAL ESTATE PROPERTY TAX BILL FOR 2020

MARK A & KIM M PETTIT  
TOWN OF ORIENTA

PAYMENTS should reference: **Tax ID: 26417**

DOCUMENT RECORDING, or anything else should reference:

PIN: 04-036-2-50-09-35-2 05-004-20000

Alternate/Legacy ID: 036-1107-04 990

Ownership: MARK A & KIM M PETTIT

**Important:** Be sure this description covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.

**Property Description / Location of Property**

Site Address: 5200 STATE HWY 13

Description: Sec 35 Tn 50 Rg 09 LOT 2 OF CSM #000690 BEING  
A PARCEL IN GOVT LOT 4 IN V.562 P.411

MARK A & KIM M PETTIT  
PO BOX 126  
ALMOND NC 28702-0126

Please include self-addressed, stamped envelope for return receipt.  
Please inform your treasurer of any billing address changes.

Acreage: 0.860

Document: 549-265;562-411

Assessed Value			Average Assessment Ratio	Net Assessed Value Rate (Does NOT reflect lottery or first dollar credit) 0.016147307	Real Estate Tax: 1,995.81 First Dollar Credit: -70.97 Lottery Credit: -0.00 Net Real Estate Tax: 1,924.84 <b>Total Due: 1,924.84</b>
Land	Improved	Total			
\$53,800	\$69,800	\$123,600	0.93495		
Estimated Fair Market Value			An "X" means unpaid prior year taxes. <input type="checkbox"/>	School taxes reduced by school levy tax credit. \$246.33	For full payment pay to TOWN OF ORIENTA treasurer by <b>January 31, 2021</b>
Land	Improved	Total			
\$57,500	\$74,700	\$132,200			
Estimated State Aids					
Allocated Tax District			Net Tax		% Tax Change
			2019	2020	
Taxing Jurisdiction	2019	2020	2019	2020	
STATE	0	0	0.00	0.00	0.0
COUNTY	15,466	16,721	564.26	563.71	-0.1
TOWN OF ORIENTA	125,007	125,937	307.13	306.61	-0.2
SCHL-SOUTHSHORE	53,868	63,914	1,051.46	1,075.95	2.3
TECHNICAL COLLEGE	35,877	34,735	49.67	49.54	-0.3
<b>Totals</b>	230.218	241.307	1,972.52	1,995.81	1.2
First Dollar Credit			70.98	70.97	-0.0
Lottery & Gaming Credit			0.00	0.00	0.0
<b>Net Property Tax</b>			1,901.54	1,924.84	1.2

**Warning** If not paid by due dates,  
installment option is lost and total tax is  
delinquent and subject to interest and if  
applicable, penalty. (See reverse)

*pd via  
ascrow  
12/16/20*

Pay **1st** Installment Of: **962.42** Pay **2nd** Installment Of: **962.42**  
Or Pay **Full** Payment Of: **1,924.84**  
by **January 31, 2021** by **July 31, 2021**

Amount enclosed: \_\_\_\_\_ Amount enclosed: \_\_\_\_\_  
**MARK A & KIM M PETTIT** **MARK A & KIM M PETTIT**  
**Tax ID: 26417 (036)** **Tax ID: 26417 (036)**  
Make payment payable and mail to:  
**TOWN OF ORIENTA TREASURER** **BAYFIELD COUNTY TREASURER**  
JOHN H TRIBYS DANIEL ANDERSON  
77820 EVERGREEN RD EXT PO BOX 397  
PORT WING WI 54865 WASHBURN WI 54891  
**Include this stub with your payment** **Include this stub with your payment**  
Or to Pay Online see Credit  
Card Payments on back



Town, City, Village, State or Federal  
Permits May Also Be Required

**SHORELAND**

LAND USE – **X**

SANITARY –

SIGN –

SPECIAL **(A)** – **X** (Town of Orienta-8/18/2022)

CONDITIONAL –

BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **22-0235** Issued To: **Mark Pettit**

Location:  $\frac{1}{4}$  of  $\frac{1}{4}$  Section **35** Township **50** N. Range **9** W. Town of **Orienta**

Gov't Lot Lot **2** Block Subdivision CSM# **690**

## Residential

For: Other: [ Shoreland Grading ], (150' x 40') = 6,000 sq. ft.

**(Disclaimer):** Any future expansions or development would require additional permitting.

Condition(s): **The smallest amount of bare ground be exposed for the shortest time feasible. Temporary ground cover, such as mulch, be used and permanent cover be placed or planted. State/DNR/permits may be required.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Erica Meulemans, AZA**

Authorized Issuing Official

**September 9, 2022**

Date

**Town, City, Village, State or Federal  
Permits May Also Be Required**

LAND USE - X

SANITARY -

SIGN -

SPECIAL - A

CONDITIONAL -

BOA -

# BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION**

No: 07132202-2022

Tax ID: 25722

Issued To: MARK & RHODA A HABEDANK

Location: PAR IN GOVT LOT 2 IN V.1074 Section 06  
P.766 (ASSESSED W/036-1039-02-000)

Township 49 N.

Range 09 W.

ORIENTA

Govt Lot 0

Lot

Block

Subdivision:

CSM#

For: Residential / Other / 400L x 50W x 5H

Condition(s): Shoreline grading to be done on taxID 25722 and 25720 in the manner that was described on the plot plan and smallest amount of bare ground be exposed for the shortest time feasible. DNR/State permits may be required.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

**Erica Meulemans**

Authorized Issuing Official

**Thu Sep 08 2022**

Date



**Town, City, Village, State or Federal  
Permits May Also Be Required**

LAND USE - X

SANITARY -

SIGN -

SPECIAL - A

CONDITIONAL -

BOA -

# BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION**

No: 07132202-2022

Tax ID: 25722

Issued To: MARK & RHODA A HABEDANK

Location: PAR IN GOVT LOT 2 IN V.1074 Section 06  
P.766 (ASSESSED W/036-1039-02-000)

Township 49 N.

Range 09 W.

ORIENTA

Govt Lot 0

Lot

Block

Subdivision:

CSM#

For: Residential / Other / 400L x 50W x 5H

Condition(s): Shoreline grading to be done on taxID 25722 and 25720 in the manner that was described on the plot plan and smallest amount of bare ground be exposed for the shortest time feasible. DNR/State permits may be required.

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This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

**Erica Meulemans**

Authorized Issuing Official

**Thu Sep 08 2022**

Date